

CONTRACT FOR SERVICES

I. Parties

The Montana Department of Corrections ("MDOC") and Yellowstone City-County Health Department, a.k.a., RiverStone Health ("Contractor") enter into this Contract (the "Contract," 09-005-MWP). The parties' names, addresses, telephone numbers, and Federal Employee Identification Number (Contractor Only) is as follows:

Montana Department of Corrections
Montana Women's Prison
1539 11th Avenue
P.O. Box 201301
Helena, MT 59620-1301
(406) 444-3930

Yellowstone City-County Health Department
Community Dental Practice
123 South 27th Street
Billings, MT 59101
(406) 247-3350
FEI # 81-0513538

MDOC and Contractor, as parties to this Contract and for the consideration set forth below, agree as follows:

II. Duties and Responsibilities of the Contractor

Contractor agrees to provide dental care to Inmates ("Inmates") housed at the Montana Women's Prison ("MWP") in Billings, Montana. Dental care shall include:

1. On-site dental care and treatment of Inmates, at such times as are agreed upon between DOC and Contractor.
2. Contractor will provide to Inmates the following general dentistry services and procedures ("Dental Services") as appropriate:
 - a. Comprehensive oral examinations and treatment plans designed to establish priorities of dental care, within one month of admission to MWP;
 - b. Radiographs appropriate for the comprehensive exam and development of the treatment plan;
 - c. Oral screenings within 7 days of admission to MWP, if the comprehensive oral exam is not yet completed;
 - d. Oral hygiene instruction and preventive oral education within one month of admission to MWP;
 - e. Fluoride treatment as deemed appropriate. Topical fluoride is encouraged especially for inmates deemed to be at high caries risk;
 - f. Provide care for routine dental problems in a timely fashion;
 - g. Extractions and routine oral surgery performed within the scope of a general dentist;
 - h. Pulpal debridement and/or root canal therapy;
 - i. Amalgams and composite restorations;
 - j. Dental cleanings, non-surgical periodontal therapy, and ongoing oral hygiene instruction;
 - k. Stainless steel crowns;

- l. Full and partial dentures, as accepted by Contractor and subject to MDOC approval; and
 - m. Identify and notify MDOC of dental procedures not listed above but which Contractor recommends to be performed or referred. Contractor shall direct such recommendations to the MDOC Director of Dental Services or designee. If approved, Contractor will either provide the service or facilitate the referral for service and provide necessary post-referral follow-up care. MDOC will provide transportation and security for the referral.
3. Supervision, evaluation, and training of Contractor staff providing services under this Contract.
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4. Participate in MDOC Continuous Quality Improvement ("CQI") program by providing clinical expertise and strategies for improvement of Dental Services as requested.
 5. Comply with MDOC policy, including decisions of the Medical Review Panel.
 6. Supervise Contractor compliance with applicable State and federal laws and administrative regulations.
 7. Cooperate with all MDOC staff in any matter related to dental care.
 8. Contractor's staff will follow current standards of infection control practice and OSHA procedures.
 9. Contractor shall bill Blue Cross Blue Shield directly for services rendered under this Contract.

III. Compensation and Billing

MDOC shall compensate Contractor for successful delivery of services, provided pursuant to Section 2, in the following manner:

1. With the exception of Code D0140 (limit oral eval-prob focused), Contractor will receive reimbursement from MDOC's third party claims administrator (Blue Cross-Blue Shield) on a fee-for-service basis in accordance with Contractor's Blue Cross Blue Shield of Montana fee schedule, last revised 1/09/09 and as amended. The compensation for Code D0140 services will be \$20.00. The current fee scheduled is published on Blue Cross Blue Shield's website or may be obtained by contacting the Department's contract liaison. A copy of the current schedule is attached as Exhibit "A." Contractor will complete the appropriate UB92, HCFA, or ADA approved dental claim form and submit it to the MDOC Health Services Bureau, Montana Department of Corrections, P.O. Box 201301 Helena MT 59620-1301.

IV. Duties and Responsibilities of MDOC

1. MDOC shall make available regularly scheduled clinic time, suitable space, equipment, patient medical records and supplies for the provision of Dental Services.

VIII. Hold Harmless and Indemnification

Contractor agrees to protect, defend, and save MDOC, its elected and appointed officials, agents, and employees, harmless from and against all claims, demands, and causes of action of any kind or character, including the cost of defense thereof, arising solely from acts or omissions relating to Dental Services which result in bodily injury or property damage caused by Contractor and/or its agents, employees, representatives, assigns, and subcontractors.

MDOC agrees to protect, defend, and save the Contractor, its agents, employees and representatives, harmless from and against all claims, demands, and causes of action of any kind or character, including the cost of defense thereof, arising out of services performed or omissions of services or any acts or omissions of MDOC and/or its agents, employees, representatives, assigns, and subcontractors resulting from its performance of its obligations under the terms of this Contract.

IX. Insurance

1. Liability coverage for Dental Services provided by Contractor under this Contract is provided under the applicable provision of the Public Health Services Act as amended by the Federally-Supported Health Centers Assistance Act of 1995 (Federal Tort Claims Act "FTCA" coverage).

2. Contractor shall have a continuing obligation to provide the MDOC liaison with evidence of current coverage under the Federal Tort Claims Act as provided by the Federally Supported Health Centers Assistance Act of 1995 (FSHCAA), P.L. 104-73. In the event such coverage is terminated or suspended, Contractor agrees to provide, without lapse, liability insurance coverage as set forth in Exhibit B.

X. Access and Retention of Records

Contractor agrees to provide MDOC, the Legislative Auditor, or their authorized agents with access to any records necessary to determine Contract compliance under §18-1-118, MCA. Contractor agrees to create and retain all of Contractor's records supporting the services rendered for a period of three years after either the completion of this Contract or the conclusion of any claim, litigation or exception relating to this Contract taken by the State of Montana or third party, so long as the claim is initiated within the aforementioned three year period.

XI. Licensure

Contractor agrees to provide copies of current licenses and certifications that register Contractor and any associates performing under this Contract.

XII. Public Information

Contractor recognizes that this Contract is subject to public inspection pursuant to Article 2, Section 9 of the Montana Constitution.

XIII. Assignment, Transfer and Sub-contracting

Contractor shall not assign, sell, transfer, sub-contract or sublet rights, or delegate duties under this Contract, in whole or in part, without prior written approval of MDOC. No written approval shall relieve Contractor of any obligation of this Contract and any transferee or sub-contractor shall be considered the agent of Contractor. Contractor shall remain liable as between the original parties to the Contract as if no such assignment had occurred.

XIV. Amendments

All amendments to this Contract shall be in writing and signed by both parties.

XV. Compliance with Applicable Laws

1. Contractor must, in performance of work under this Contract, fully comply with all applicable federal, state or local laws, rules and regulations, including the Montana Human Rights Act, the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and Section 504 of the Rehabilitation Act of 1973. Any subletting or sub-contracting by the Contractor subjects sub-contractors to the same provision. In accordance with Section 49-3-207, MCA, Contractor agrees that the hiring of persons to perform the Contract will be made on the basis of merit and qualifications and there will be no discrimination based upon race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin by persons performing the Contract.
2. In the event of the passage of any law (state or federal), promulgation of any regulation by a governmental agency or authority, issuance of any ruling or interpretation of any statute or regulation by any governmental agency having jurisdiction over the subject matter, or the decision or interpretation of any court of competent jurisdiction, governmental agency, or board that would render any provision hereof violative of any federal or state law or regulation or otherwise thwart the purpose of this Contract, the parties agree to negotiate in good faith a modification hereto as may be reasonably necessary to avoid such violation or bring this Contract into compliance with such law, regulation, ruling, decision, or interpretation. In the event the parties are unable to agree upon such modification, the parties may terminate the contract pursuant to the provisions of Section XV, or such earlier date as may be necessary to avoid any penalty, fine, or adverse action to either party.

XVI. Termination and Default

1. Either party may terminate this Contract, with or without cause as described in this paragraph. The party desiring to terminate the Contract shall provide written notice that establishes a termination date not less than ninety (90) days from the date of such notice. The termination of this Contract shall not limit any party's pursuit of remedies provided in this Contract or otherwise available under the laws of the State of Montana.

2. Failure on the part of either party to perform the provisions of this Contract constitutes default. Default may result in pursuit of a remedy for breach of Contract including, but not limited to, monetary damages or specific performance.
3. Contractor may with ninety (90) days written notice to DOC, terminate this Contract upon a modification of the attached fee schedule.

XVII. Choice of Law and Venue

The laws of Montana govern this Contract. The parties agree that any mediation, arbitration or litigation concerning this Contract must be brought in the First Judicial District in and for the County of Lewis and Clark, State of Montana, and each party shall pay its own costs and attorney fees. *See*, §18-1-401 MCA.

XVIII. Time of Performance

This Contract shall take effect upon execution of final signature and shall run for a period of one year and from year-to-year thereafter unless sooner terminated in accordance with the terms of this Contract.

XIX. Integration

This Contract contains the entire agreement between the parties and no statement, promises, or inducements made by either party or agents, thereof, which are not contained in the written Contract, shall be binding or valid. This Contract shall not be enlarged, modified, or altered except upon written agreement signed by all parties to the Contract.

XX. Severability

A declaration by any court, or any other binding legal source, that any provision of this Contract is illegal and void shall not affect the legality and enforceability of any other provision of this Contract, unless the provisions are mutually dependent.

XXI. Independent Contractor

1. In the performance of services rendered pursuant to this Contract, and for all purposes hereof, it is mutually understood and agreed that Contractor is at all times acting and performing as an independent Contractor of MDOC, providing Dental Services under this Contract. All practitioners of Contractor providing services hereunder ("Providers") shall be sub-contractors or employees of Contractor and the compensation or other benefits paid such personnel shall be the sole responsibility of Contractor. As between MDOC and Contractor, Contractor will direct and supervise or will cause to be directed or supervised the work of such providers. Contractor will assure that such providers act in accordance with the policies of DOC concerning appropriate behavior for personnel operating within an MDOC facility. Neither Contractor nor any Provider shall commit any act or make any representation which may create an expectation or perception in another that the relationship is other than as an independent Contractor.

2. Contractor understands and agrees that MDOC shall not withhold on behalf of Contractor or Providers pursuant to this Contract any sums for income tax, unemployment insurance, social security or any other withholding pursuant to any law or requirements of any governmental body relating to Contractor, or make available to Contractor under this Contract any of the benefits afforded to employees of MDOC including, but not limited to, Workers' Compensation, unemployment compensation, vacation pay, sick leave, retirement benefits, social security benefits, disability insurance benefits and unemployment insurance benefits. Each and every one of such payments, withholdings and benefits, if any, are the sole responsibility of Contractor. In the event the Internal Revenue Service should question or challenge the independent Contractor status of Contractor, the parties hereto mutually agree that both Contractor and MDOC shall have the right to participate in any discussion or negotiation occurring with the Internal Revenue Service, irrespective of or by whom such discussions or negotiations are initiated, and each shall notify the other, in advance, of any planned meeting or discussion.

MDOC:



Jo Acton, Warden
Montana Women's Prison

2-2-2009
Date

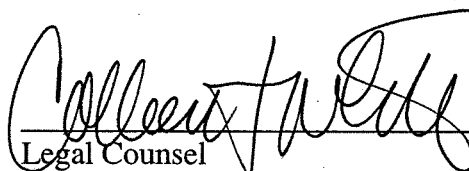
Contractor:



Lil Anderson, CEO
Yellowstone City-County Health Dept

2-12-09
Date

Approved as to Form:



Legal Counsel
Department of Corrections

1/29/09
Date

**Exhibit “A”
Fee Schedule**

Exhibit "B"
Liability Insurance Requirements

A. **General Requirements:** Contractor shall maintain for the duration of the Contract, at its cost and expense, insurance against claims for injuries to persons or damages to property, including contractual liability, which may arise from or in connection with the performance of the work by Contractor, agents, employees, representatives, assigns, or subcontractors. This insurance shall cover such claims as may be caused by any negligent act or omission.

B. **Primary Insurance:** Contractor's insurance coverage shall be primary insurance as respect to the State, its officers, officials, employees, and volunteers and shall apply separately to each project or location. Any insurance or self-insurance maintained by the State, its officers, officials, employees or volunteers shall be in excess of Contractor's insurance and shall not contribute with it.

C. **Deductibles and Self-Insured Retentions:** Any deductible or self-insured retention must be declared to and approved by MDOC. At the request of MDOC either: (1) the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the State, its officers, officials, employees, and volunteers; or (2) Contractor shall procure a bond guaranteeing payment of losses and related investigations, claims administration, and defense expenses.

D. **Certificate of Insurance/Endorsements:** A certificate of insurance from an insurer with a Best's rating of no less than A- indicating compliance with the required coverage's must be received by the Contracts Manager, PO Box 201301, Helena, MT 59620-1301 prior to start of work under this Contract. Contractor must immediately notify MDOC of any material change in insurance coverage, such as changes in limits, coverage's, policy status, etc. MDOC reserves the right to require complete copies of insurance policies at all times.

E. **Specific Requirements for Commercial General Liability:** Contractor shall purchase and maintain occurrence coverage with combined single limits for bodily injury, personal injury, and property damage of one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate per year to cover such claims as may be caused by any act, omission, or negligence of Contractor or its officers, agents, representatives, assigns or subcontractors.

F. **Additional Insured Status:** The State, its officers, officials, employees, and volunteers are to be covered as additional insureds; for liability arising out of activities performed by or on behalf of Contractor, including the insured's general supervision of Contractor; products and completed operations; premises owned, leased, occupied, or used.

G. **Specific Requirements for Professional Liability:** Contractor shall purchase and maintain occurrence coverage with combined single limits for each wrongful act of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year to cover such claims as may be caused by any act, omission, negligence of Contractor or its officers, agents, representatives, assigns or subcontractors. Note: if "occurrence" coverage is unavailable or cost prohibitive, Contractor may provide "claims made" coverage provided the following conditions are met: (1) the commencement date of the Contract must not fall outside the effective date of insurance coverage and it will be the retroactive date for insurance coverage in future years; and (2) the claims made policy must have a three year tail for claims that are made (filed) after the cancellation or expiration date of the policy.

Blue Cross Blue Shield of Montana		
Dental Fee Schedule 2009		
Federal Employee Program Codes		
CrossWalk to CPT Codes to be Updated 05/01/2009		
Code	Description	2009 Allowance
A4550	STERILE TRAY	\$ 51.00
A9270	NON COVERED DENTAL SUPPLIES	charge
D0120	PERIODIC ORAL EXAMINATION	\$ 25.47
D0140	LIMIT ORAL EVAL-PROB FOCUSED	\$ 35.17
D0145	ORAL EVAL-UNDER 3 YRS OF AGE W/COUNSELING PRIMARY CAREGIVER	\$ 25.47
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$ 33.96
D0160	DETAIL & EXTEN ORAL EVAL, BR	\$ 60.67
D0170	RE-EVAL LTD-PROB FOCUSED (ESTAB PT)	\$ 40.10
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$ 40.10
D0210	INTRAORAL-COMPLETE SERIES	\$ 73.68
D0220	INTRAORAL PERIAPICAL FIRST FILM	\$ 15.86
D0230	INTRAORL PERIAPICAL EA ADD FILM	\$ 11.19
D0240	INTRAORAL OCCLUSAL FILM	\$ 27.70
D0250	EXTRAORAL FIRST FILM	\$ 12.13
D0260	EXTRAORAL EACH ADDITIONAL FILM	\$ 16.61
D0270	BITEWING - SINGLE FILM	\$ 15.12
D0272	BITEWINGS - TWO FILMS	\$ 24.26
D0273	BITEWINGS - THREE FILMS	\$ 27.89
D0274	BITEWINGS - FOUR FILMS	\$ 31.52
D0277	VERTICAL BITEWINGS 7-8 FILMS	\$ 38.78
D0290	POST-ANT/LAT SKULL&FACE BONE FILM	\$ 57.46
D0310	SIALOGRAPHY	\$ 140.85
D0320	TMJ ARTHROGRAM INCLUDING INJ	\$ 326.17
D0321	OTH TMJ FILMS BY REPORT	\$ 224.38
D0322	TOMOGRAPHIC SURVEY	\$ 96.19
D0330	PANORAMIC FILM	\$ 61.86
D0340	CEPHALOMETRIC FILM	\$ 69.94
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	charge
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	\$ 148.52
D0362	CONE BEAM - TWO-DIMENSION IMAGE RECONSTRUCTION	suspend
D0363	CONE BEAM - THREE DIMENSTIONAL IMAGE RECONSTRUCTION	suspend
D0415	COLLECT MICROORAGNISMS CULT & SENS	\$ 141.85
D0416	VIRAL CULTURE	\$ 25.14
D0417	COLLECT/PREP OF SALIVA SAMPLE FOR LAB DIAGNOSTIC TESTING	charge
D0418	ANALYSIS OF SALIVA SAMPLE	charge
D0421	GENETIC TEST SUSCEPTIBILITY ORAL DZ	charge
D0425	CARIES SUSCEPTIBILITY TESTS	charge
D0431	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$ 20.15
D0460	PULP VITALITY TESTS	\$ 20.15
D0470	DIAGNOSTIC CASTS	charge

Code	Description	2009 Allowance
D0472	ACCESS TISS-GROSS EXAM-PREP & REPRT	\$ 19.29
D0473	ACCESS TISS-GROSS/MICRO-PREP/REPRT	\$ 37.93
D0474	ACSS TISS GR&MIC SURG MARG PREP/RPT	\$ 37.93
D0475	DECALCIFICATION PROCEDURE	\$ 28.84
D0476	SPECIAL STAINS FOR MICROORGANISMS	\$ 145.36
D0477	SPECIAL STAINS NOT MICROORGANISMS	\$ 145.36
D0478	IMMUNOHISTOCHEMICAL STAINS	\$ 154.19
D0479	TISS INSITU HYBRIDIZATION W/INTEPR	\$ 234.22
D0480	PROCESS & INTEPR EXFOL CYTOL SMEARS	\$ 58.09
D0481	ELECTRON MICROSCOPY DIAGNOSTIC	\$ 909.23
D0482	DIRECT IMMUNOFLUORESCENCE	\$ 155.95
D0483	INDIRECT IMMUNOFLUORESCENCE	\$ 129.47
D0484	CONSULTATION SLIDES PREPARED ELSW	\$ 143.01
D0485	CNSLT W/PREP SLIDES BX SPL REF SRC	\$ 229.52
D0486	ACCESSION OF BRUSH BIOPSY SAMPLE, MICRO EXAM, PREP/TRANS	\$ 58.09
D0502	OTHER ORAL PATHOLOGY PROC BR	suspend
D0999	UNSPEC DX PROC BR	suspend
D1110	PROPHYLAXIS ADULT	\$ 54.59
D1120	PROPHYLAXIS CHILD	\$ 40.02
D1203	TOP FLUORIDE (PROPHYL NOT INCL) CHD	\$ 20.61
D1204	TOP FLUORIDE-ADULT	\$ 18.66
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION -MODERATE/HIGH	\$ 18.66
D1310	NUTR COUNSEL CONTRL DENT DIS	charge
D1320	TOBACCO COUNSEL-CONTRL/PREVENT DIS	charge
D1330	ORAL HYGIENE INSTRUCTION	\$ 26.67
D1351	SEALANT PER TOOTH	\$ 28.08
D1510	SPACE MAINTAINER FIXED UNILATERAL	\$ 157.66
D1515	SPACE MAINTAINER FIXED BILATERAL	\$ 238.76
D1520	SPACE MAINTAINER REMOV UNILAT	\$ 229.80
D1525	SPACE MAINTAINER REMOV BILAT	\$ 503.33
D1550	RECEMENTATION OF SPACE MAINTAINER	\$ 33.96
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$ 63.32
D2140	AMALGAM-ONE SURFACE PRIMARY/PERM	\$ 68.09
D2150	AMALGAM-TWO SURFACES PRIMARY/PERM	\$ 86.73
D2160	AMALGAM-3 SURFACES PRIMARY/PERM	\$ 107.24
D2161	AMALGAM-FOUR/MORE SURF PRIM/PERM	\$ 137.10
D2330	RESIN ONE SURFACE ANTERIOR	\$ 78.85
D2331	RESIN TWO SURFACES ANTERIOR	\$ 109.16
D2332	RESIN THREE SURFACES ANTERIOR	\$ 139.49
D2335	RESIN 4/MORE SURFACES/INCISAL ANGLE	\$ 167.38
D2390	RESIN COMPOS CROWN ANTERIOR	\$ 191.49
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$ 84.90
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$ 123.72
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$ 176.28
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$ 177.64
D2410	GOLD FOIL ONE SURFACE	\$ 105.98

Code	Description	2009 Allowance
D2420	GOLD FOIL TWO SURFACES	\$ 246.42
D2430	GOLD FOIL THREE SURFACES	\$ 404.74
D2510	INLAY METALLIC ONE SURFACE	\$ 372.81
D2520	INLAY-METALLIC TWO-SURFACES	\$ 497.29
D2530	INLAY-METALLIC-3 OR MORE SURFACES	\$ 536.12
D2542	ONLAY-METALLIC-2 SURFACES	\$ 515.50
D2543	ONLAY-METALLIC-THREE SURFACES	\$ 594.33
D2544	ONLAY-METALLIC-FOUR OR MORE SURF	\$ 648.60
D2610	INLAY PORCELAIN/CERAMIC ONE SURFACE	\$ 508.15
D2620	INLAY PROC/CERAMIC 2 SURFACES	\$ 524.76
D2630	INLAY-PORCELAIN/CERAMIC>=3 SURF	\$ 539.75
D2642	ONLAY-PORCELAIN/CERAMIC-TWO SURF	\$ 515.50
D2643	ONLAY-PORCELAIN/CERAMIC-THREE SURF	\$ 539.76
D2644	ONLAY-PORCELAIN/CERAMIC>=4 SURF	\$ 680.52
D2650	INLAY COMPOSITE/RESIN-1 SURFACE	\$ 339.61
D2651	INLAY RESIN-BASE COMPOS/RES-2 SURF	\$ 420.06
D2652	INLAY COMPOS/RESIN-3/> SURFACES	\$ 485.17
D2662	ONLAY COMPOS/RESIN-2 SURFACES	\$ 485.17
D2663	ONLAY COMPOSITE/RESIN-3 SURF	\$ 594.33
D2664	ONLAY COMPOS/RESIN-4/> SURFACES	\$ 654.13
D2710	CROWN RESINBASED COMPOSITE INDIRECT	\$ 224.39
D2712	CROWN 3/4 RESNBASED COMPOS INDIRECT	\$ 224.39
D2720	CROWN RESIN WITH HIGH NOBLE METAL	\$ 605.26
D2721	CROWN RESIN W/PREDOM BASE METAL	\$ 576.14
D2722	CROWN RESIN WITH NOBLE METAL	\$ 594.33
D2740	CROWN PORCELAIN CERAMIC SUBSTRATE	\$ 685.81
D2750	CROWN PORC FUSED HIGH NOBLE METAL	\$ 672.84
D2751	CROWN PORC FUSED PREDOM BASE METAL	\$ 576.14
D2752	CROWN PORC FUSED NOBLE METAL	\$ 654.49
D2780	CROWN-3/4 CAST HIGH NOBLE METAL	\$ 594.33
D2781	CROWN-3/4 CAST PREDOM BASE METAL	\$ 527.61
D2782	CROWN - 3/4 CAST NOBLE METAL	\$ 555.53
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$ 485.17
D2790	CROWN FULL CAST HIGH NOBLE METAL	\$ 650.18
D2791	CROWN FULL CAST PREDOM BASE METAL	\$ 527.62
D2792	CROWN FULL CAST NOBLE METAL	\$ 637.20
D2794	CROWNTITANIUM	\$ 685.81
D2799	PROVISIONAL CROWN	\$ 143.73
D2910	RECEMENT INLAY ONLAY/PART COV REST	\$ 48.50
D2915	RECEMENT CAST/PREFAB POST & CORE	\$ 48.50
D2920	RECEMENT CROWN	\$ 55.96
D2930	PREFAB STSTL CROWN PRIM TOOTH	\$ 127.78
D2931	PREFAB STSTL CROWN PERM TOOTH	\$ 165.07
D2932	PREFABRICATED RESIN CROWN	\$ 158.89
D2933	PREFAB STSTL CROWN RESIN WINDOW	\$ 191.49
D2934	PREFB ESTHET COAT STNLSS STEEL CRWN	\$ 191.49

Code	Description	2009 Allowance
D2940	SEDATIVE FILLING	\$ 45.82
D2950	CORE BUILD UP INCLUDING ANY PINS	\$ 121.22
D2951	PIN RETENTION/TOOTH-ADD-RESTORATION	\$ 27.98
D2952	CAST POST AND CORE-ADD TO CROWN	\$ 246.20
D2953	EA ADD CAST POST-SAME TOOTH	\$ 32.20
D2954	PREFAB POST & CORE IN ADD TO CROWN	\$ 184.65
D2955	POST REMOV (NOT W/E DONTIC THERAP)	\$ 63.82
D2957	EA ADD PREFAB POST-SAME TOOTH	\$ 45.46
D2960	LABIAL VENEER (LAMINATE) CHAIRSIDE	\$ 223.17
D2961	LABIAL VENEER (RESIN LAMINATE) LAB	\$ 330.36
D2962	LABIAL VENEER (PORC LAMINATE) LAB	\$ 485.17
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$ 63.32
D2971	ADD PROC NEW CROWN XST PART DENTURE	suspend
D2975	COPING	charge
D2980	CROWN REPAIR BY REPORT	suspend
D2999	UNSPEC RESTOR PROC BR	suspend
D3110	PULP CAP DIR (EXCLD FINAL RESTOR)	\$ 45.70
D3120	PULP CAP INDIR (EXCLD FINAL RESTOR)	\$ 34.51
D3220	THERAP PULPOTOMY-APPLIC MEDS	\$ 97.92
D3221	PULPAL DEBRID PRIMARY&PERM TEETH	\$ 111.53
D3222	PART PULPOTOMY- APEXOGENESIS-PERM TEETH W/INCOMP ROOT DEVELOP	\$ 97.92
D3230	PULPAL THERAP-ANT PRIM TTH	\$ 100.66
D3240	PULPAL THERAP-POST PRIM TTH	\$ 100.66
D3310	ANTERIOR (EXCLD FINAL RESTOR)	\$ 378.33
D3320	BICUSPID (EXCLD FINAL RESTOR)	\$ 440.57
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$ 631.55
D3331	TX ROOT CANAL OBSTRUC NON-SURG	\$ 141.22
D3332	INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	\$ 144.03
D3333	INT ROOT REPR-PERFORATION DEFECTS	\$ 101.82
D3346	RETREAT PREVIOUS RCNL THERAP-ANT	\$ 589.88
D3347	RETREAT PREVIOUS RCNL THERAP-BICUS	\$ 624.33
D3348	RETREAT PREVIOUS RCNL THERAP-MOLAR	\$ 700.23
D3351	APEXIFICATION/RECALCIFICATION INIT	\$ 159.60
D3352	APEXIFICATION/RECALCIFICATION INTER	\$ 63.82
D3353	APEXIFICAT/RECALCIFICAT-FINAL VISIT	\$ 191.49
D3410	APICOECTOMY/PERIRADICULAR SURG ANT	\$ 335.98
D3421	APICOECTOMY/PERIRADICULAR BICUSPID	\$ 331.95
D3425	APICOECTOMY/PERIRADICULAR MOLAR	\$ 331.95
D3426	APICOECTOMY/PERIRADICULAR MOLAR-ADD	\$ 134.07
D3430	RETROGRADE FILLING PER ROOT	\$ 101.87
D3450	ROOT AMPUTATION PER ROOT	\$ 134.07
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	suspend
D3470	INTNTN REPLANT (INCL NECES SPLINT)	suspend
D3910	SURG PROC ISOLAT TOOTH W/RUBBER DAM	charge
D3920	HEMISEC (INCL ROOT REMOV) WO RCNL	\$ 134.07
D3950	CNL PREP-FIT PREFORM DOWEL/POST	charge

Code	Description	2009 Allowance
D3999	UNSPEC ENDODONTIC PROC BR	suspend
D4210	GINGIVECT/PLSTY 4/>CNTIG TEETH QUAD	\$ 368.40
D4211	GINGIVECT/PLSTY 1-3CNTIG TEETH QUAD	\$ 237.73
D4230	ANATOMICAL CROWN EXPOSURE-4/MORE CONTIGUOUS TEETH PER QUAD	\$ 346.66
D4231	ANATOMICAL CROWN EXPOSURE - 1 TO 3 TEETH PER QUADRANT	\$ 237.73
D4240	INGL FLP 4/>CNTIG/BOUND TEETH QUAD	\$ 394.21
D4241	INGL FLP 1-3 CNTIG/BND TEETH QUAD	\$ 236.53
D4245	APICALLY POSITIONED FLAP	suspend
D4249	CLIN CROWN LENGTHENING-HARD TISS	\$ 410.41
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$ 594.33
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$ 356.58
D4263	BONE REPLAC GRAFT-1ST SITE IN QUAD	\$ 327.49
D4264	BONE REPLAC GRAFT-EA ADD SITE-QUAD	\$ 163.73
D4265	BIO MATL AID SFT&OSSEOUS TISS REGEN	\$ 286.20
D4266	GUID TISS REGEN-RESORB BARRIER/SITE	\$ 286.20
D4267	GUID TISS REGEN-NONRESORB BARRIER	\$ 255.34
D4268	SURG REVISION PROC/TOOTH	\$ 90.96
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$ 376.64
D4271	FREE SOFT TISS GRFT (INCL DON SITE)	\$ 547.89
D4273	SUBEPITH CONECTIVE TISS GRFT TOOTH	\$ 509.43
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$ 90.96
D4275	SOFT TISSUE ALLOGRAFT	\$ 547.89
D4276	COMB CNCTIV TISS&DBL PED GRFT TOOTH	\$ 631.37
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$ 342.05
D4321	PROVISIONAL SPLINTING EXTRACORONAL	\$ 351.74
D4341	PRDNTL SCAL&ROOT PLAN 4/>TEETH-QUAD	\$ 144.55
D4342	PRDONTAL SCAL&ROOT PLAN 1-3 TEETH	\$ 86.73
D4355	FULL MOUTH DEBRID COMP EVAL&DX	\$ 86.73
D4381	LOC DEL ANTIMICROBIAL AGT TOOTH BR	\$ 95.75
D4910	PERIODONTAL MAINTENANCE	\$ 83.93
D4920	UNSCHED DSG CHANGE (NOT TX DENTIST)	suspend
D4999	UNSPEC P'DONTAL PROC BY REPORT	suspend
D5110	COMPLETE DENTURE MAXILLARY	\$ 849.05
D5120	COMPLETE DENTURE MANDIBULAR	\$ 849.05
D5130	IMMEDIATE DENTURE MAXILLARY	\$ 909.71
D5140	IMMEDIATE DENTURE MANDIBULAR	\$ 909.71
D5211	MAXILLARY PARTIAL DENT-RESIN BASE	\$ 849.05
D5212	MANDIBULAR PARTIAL DENT-RESIN BASE	\$ 849.05
D5213	MAXIL PART DENT-CAST METAL W/RESIN	\$ 946.08
D5214	MANDIB PART DENT-CAST METAL W/RESIN	\$ 916.98
D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$ 849.05
D5226	MANDIBULAR PART DENTURE FLEX BASE	\$ 849.05
D5281	REMOV UNILAT PART DENT-1 PC MTL	\$ 466.04
D5410	ADJUST COMPLETE DENTURE-MAXILLARY	\$ 36.38
D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	\$ 36.38
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$ 35.15

Code	Description	2009 Allowance
D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	\$ 35.15
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$ 73.97
D5520	REPLAC M/B TTH COMP DENT EA TTH	\$ 69.74
D5610	REPAIR RESIN DENTURE BASE	\$ 81.24
D5620	REPAIR CAST FRAMEWORK	\$ 86.12
D5630	REPAIR/REPLACE BROKEN CLASP	\$ 127.35
D5640	REPLACE BROKEN TEETH PER TOOTH	\$ 78.84
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$ 106.31
D5660	ADD CLASP EXISTING PARTIAL DENTURE	\$ 115.23
D5670	REPL ALL TEETH&ACRYLC FRMEWRK MAX	\$ 345.69
D5671	REPL ALL TEETH&ACRYLC FRMEWRK MAND	\$ 345.69
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$ 345.69
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$ 345.69
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$ 345.69
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$ 345.69
D5730	RELIN MAXIL COMPLT DENT(CHAIRSIDE)	\$ 224.38
D5731	RELIN MANDIB COMPLT DENT-CHAIRSIDE	\$ 169.81
D5740	RELIN MAXIL PART DENT (CHAIRSIDE)	\$ 139.47
D5741	RELIN MANDIB PART DENT (CHAIRSIDE)	\$ 212.25
D5750	RELIN MAXIL COMPLT DENT (LAB)	\$ 246.21
D5751	RELIN COMPLT MANDIB DENT (LAB)	\$ 245.00
D5760	RELIN MAXIL PART DENT (LAB)	\$ 212.25
D5761	RELIN MANDIB PART DENT (LAB)	\$ 242.57
D5810	INTERIM COMPLETE DENTURE (MAXIL)	charge
D5811	INTERIM COMPLETE DENTURE (MANDIB)	charge
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$ 363.89
D5821	INTERIM PARTIAL DENTURE (MANDIB)	\$ 424.52
D5850	TISSUE CONDITIONING, MAXILLARY	\$ 78.84
D5851	TISSUE CONDITIONING, MANDIBULAR	\$ 78.84
D5860	OVERDENTURE COMPLETE BY REPORT	\$ 827.22
D5861	OVERDENTURE PARTIAL BY REPORT	\$ 827.22
D5862	PRECISION ATTACHMENT BY REPORT	charge
D5867	REPLAC PART SEMI-/PRECISN ATTACHMNT	charge
D5875	MODIFI REMOV PROSTH POST IMPLNT	charge
D5899	UNSPEC REMOV PROSTHODONTIC PROC BR	suspend
D5911	FACIAL MOULAGE (SECTIONAL)	suspend
D5912	FACIAL MOULAGE (COMPLETE)	suspend
D5913	NASAL PROSTHESIS	\$ 2,635.21
D5914	AURICULAR PROSTHESIS	\$ 2,684.65
D5915	ORBITAL PROSTHESIS	\$ 3,594.04
D5916	OCULAR PROSTHESIS	suspend
D5919	FACIAL PROSTHESIS	suspend
D5922	NASAL SEPTAL PROSTHESIS	\$ 394.88
D5923	OCULAR PROSTHESIS, INTERIM	\$ 38.25
D5924	CRANIAL PROSTHESIS	\$ 1,518.92
D5925	FACIAL AUGMENTATION IMPLANT PROSTH	\$ 2,354.00

Code	Description	2009 Allowance
D5926	NASAL PROSTHESIS REPLACEMENT	\$ 2,736.53
D5927	AURICULAR PROSTHESIS REPLACEMENT	\$ 2,762.42
D5928	ORBITAL PROSTHESIS REPLACEMENT	\$ 1,342.37
D5929	FACIAL PROSTHESIS REPLACEMENT	suspend
D5931	OBTURATOR PROSTHESIS SURGICAL	\$ 1,505.97
D5932	OBTURATOR PROSTHESIS DEFINITIVE	\$ 2,891.89
D5933	OBTURATOR PROSTHESIS MODIFICATION	\$ 2,891.89
D5934	MANDIB RESECT PROSTH W/GUIDE FLANGE	\$ 2,632.36
D5935	MANDIB RES PROSTH W/O GUIDE FLANGE	\$ 2,473.93
D5936	OBTURATOR/PROSTHESIS INTERIM	\$ 2,402.12
D5937	TRISMUS APPLIANCE (NOT TM TX)	suspend
D5951	FEEDING AID	suspend
D5952	SPEECH AID PROSTHESIS PEDIATRIC	\$ 2,608.23
D5953	SPEECH AID PROSTHESIS ADULT	\$ 2,418.60
D5954	PALATAL AUGMENTATION PROSTHESIS	\$ 2,183.74
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	\$ 2,109.57
D5958	PALATAL LIFT PROSTHESIS INTERIM	\$ 2,296.33
D5959	PALATAL LIFT PROSTH MODIFICATION	\$ 2,296.33
D5960	SPEECH AID PROSTHESIS MODIFICATION	\$ 2,608.23
D5982	SURGICAL STENT	\$ 70.87
D5983	RADIATION CARRIER	suspend
D5984	RADIATION SHIELD	suspend
D5985	RADIATION CONE LOCATOR	suspend
D5986	FLUORIDE GEL CARRIER	\$ 95.75
D5987	COMMISSURE SPLINT	suspend
D5988	SURGICAL SPLINT	\$ 1,051.65
D5991	TOPICAL MEDICAMENT CARRIER	charge
D5999	UNS MAXILLOFACIAL PROSTH BY REPORT	suspend
D6010	SURG PLCMT IMPL BODY: ENDOSTEAL	\$ 1,557.76
D6012	SURG PLCMT INTERIM IMPLANT BODY TRANS PROSTHESIS: ENDOSTEAL	charge
D6040	SURG PLACEMENT: EPOSTEAL IMPLANT	suspend
D6050	SURG PLACEMENT: TRANSOSTEAL IMPLANT	\$ 625.22
D6053	IMPL/ABUT DENTUR CMPL EDNTULS ARCH	\$ 849.05
D6054	IMPL/ABUT DENTUR PART EDNTULS ARCH	\$ 946.08
D6055	DENT IMPLNT SUPPRT CONNECTING BAR	suspend
D6056	PREFABRICATED ABUTMENT INCL PLCMNT	charge
D6057	CUSTOM ABUTMENT INCLUDES PLACEMENT	charge
D6058	ABUT SUPPRT PORCELAIN/CERAMIC CROWN	\$ 636.79
D6059	ABUT PORCELAIN-FUSE TO METAL CROWN	\$ 600.39
D6060	ABUT PORCELAIN FUSED TO METAL CROWN	\$ 576.13
D6061	ABUT PORCELAIN-FUSE TO METAL CROWN	\$ 600.39
D6062	ABUT SUPPRT CAST METAL CROWN	\$ 594.33
D6063	ABUT SUPPRT CAST METAL CROWN	\$ 527.61
D6064	ABUT SUPPRT CAST METAL CROWN	\$ 555.53
D6065	IMPLNT SUPPRT PORCELAIN/CERAM CROWN	\$ 636.79
D6066	IMPLNT PORCELN FUSE TO METAL CROWN	\$ 605.26

Code	Description	2009 Allowance
D6067	IMPLNT SUPPRT METAL CROWN	\$ 593.11
D6068	ABUT RETAINER-PORCELN/CERAM FPD	\$ 636.79
D6069	ABUT RETAINER-PORCELN TO METAL FPD	\$ 605.26
D6070	ABUT RETAINER-PORCELN TO METAL FPD	\$ 576.13
D6071	ABUT RETAINER-PORCELN TO METAL FPD	\$ 594.33
D6072	ABUT RETAINER FOR CAST METAL FPD	\$ 593.11
D6073	ABUT SUPPRT RETAINER-CAST METAL FPD	\$ 479.09
D6074	ABUT SUPPRT RETAINER-CAST METAL FPD	\$ 523.98
D6075	IMPLNT SUPPRT RETAINER-CERAMIC FPD	\$ 636.79
D6076	IMPLNT RETAINER PORCELN-METAL FPD	\$ 636.79
D6077	IMPLNT RETAINER-CAST METAL FPD	\$ 593.11
D6078	IMPLNT/ABUT DENTURE-COMPLT EDENT	suspend
D6079	IMPLNT/ABUT DENTURE-PART EDENTULOUS	suspend
D6080	IMPLANT MAINTENANCE PROCEDURES	suspend
D6090	REPAIR IMPL SUPP PROSTH BY REPORT	suspend
D6091	REPLACEMENT OF SEMI-PRECISION/PRECISION ATTACHMENT, PER ATTACH	charge
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	\$ 55.96
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$ 81.24
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	\$ 636.79
D6095	REPAIR IMPLANT ABUTMENT BY REPORT	suspend
D6100	IMPLANT REMOVAL BY REPORT	suspend
D6190	RADIOGRAPHIC/SURG IMPLANT INDX RPT	\$ 15.85
D6194	ABUTMENT SUPP RETAINR CROWN FOR FPD	\$ 523.98
D6199	UNSPEC IMPLANT PROCEDURE BY REPORT	suspend
D6205	PONTIC INDIRECT RESIN BASED COMPOS	\$ 576.13
D6210	PONTIC CAST HIGH NOBLE METAL	\$ 604.04
D6211	PONTIC CAST PREDOM BASE METAL	\$ 479.09
D6212	PONTIC CAST NOBLE METAL	\$ 515.50
D6214	PONTIC TITANIUM	\$ 636.79
D6240	PONTIC PORC FUSED HIGH NOBLE METAL	\$ 605.26
D6241	PONTIC PORC FUSED PREDOM BASE MTL	\$ 565.22
D6242	PONTIC PORC FUSED NOBLE METAL	\$ 594.33
D6245	PONTIC - PORCELAIN/CERAMIC	\$ 636.79
D6250	PONTIC RESIN W/HIGH NOBLE METAL	\$ 605.26
D6251	PONTIC RESIN W/PREDOM BASE METAL	\$ 576.13
D6252	PONTIC RESIN W/NOBLE METAL	\$ 594.33
D6253	PROVISIONAL PONTIC	charge
D6545	RETAIN-MTL-RESIN BONDED FIX PROSTH	\$ 315.36
D6548	RETAINER-PORCELN/CERAM-FIXED PROSTH	\$ 636.79
D6600	INLAY-PORCELAIN/CERAMIC 2 SURFACES	\$ 524.76
D6601	INLAY - PORCELN/CERAMIC 3/MORE SURF	\$ 539.76
D6602	INLAY - CAST HI NOBLE METAL 2 SURF	\$ 497.29
D6603	INLAY-CAST HI NOBLE METL 3/> SURF	\$ 536.12
D6604	INLAY-CAST PREDOM BASE METL 2 SURF	\$ 497.29
D6605	INLAY-CAST PREDOM BASE METL 3/>SURF	\$ 536.12
D6606	INLAY - CAST NOBLE METAL 2 SURFACES	\$ 497.29

Code	Description	2009 Allowance
D6607	INLAY - CAST NOBLE METL 3/MORE SURF	\$ 536.12
D6608	ONLAY - PORCELN/CERAMIC 2 SURFACES	\$ 515.50
D6609	ONLAY - PORCELN/CERAMIC 3/MORE SURF	\$ 539.76
D6610	ONLAY - CAST HI NOBLE METAL 2 SURF	\$ 515.50
D6611	ONLAY-CAST HI NOBLE METL 3/> SURF	\$ 594.33
D6612	ONLAY-CAST PREDOM BASE METL 2 SURF	\$ 515.50
D6613	ONLAY-CAST PREDOM BASE METL 3/>SURF	\$ 594.33
D6614	ONLAY - CAST NOBLE METAL 2 SURFACES	\$ 515.50
D6615	ONLAY - CAST NOBLE METL 3/MORE SURF	\$ 594.33
D6624	INLAY TITANIUM	\$ 539.76
D6634	ONLAY TITANIUM	\$ 539.76
D6710	CROWN INDIRECT RESIN BASED COMPOS	\$ 576.13
D6720	CROWN RESIN W/HIGH NOBLE METAL	\$ 605.26
D6721	CROWN RESIN W/PREDOM BASE METAL	\$ 576.13
D6722	CROWN RESIN W/NOBLE METAL	\$ 594.33
D6740	CROWN - PORCELAIN/CERAMIC	\$ 685.81
D6750	CROWN PORC FUSED HIGH NOBLE METAL	\$ 672.84
D6751	CROWN PORC FUSED PREDOM BASE MTL	\$ 576.14
D6752	CROWN PORC FUSED TO NOBLE METAL	\$ 654.49
D6780	CROWN 3/4 CAST HIGH NOBLE METAL	\$ 594.33
D6781	CROWN-3/4 CAST PREDOM BASED METAL	\$ 479.09
D6782	CROWN - 3/4 CAST NOBLE METAL	\$ 555.53
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$ 485.17
D6790	CROWN FULL CAST HIGH NOBLE METAL	\$ 650.18
D6791	CROWN FULL CAST PREDOM BASE METAL	\$ 527.62
D6792	CROWN FULL CAST NOBLE METAL	\$ 523.98
D6793	PROVISIONAL RETAINER CROWN	charge
D6794	CROWN TITANIUM	\$ 685.81
D6920	CONNECTOR BAR	\$ 477.50
D6930	RECEMENT FIXED PARTIAL DENTURE	\$ 81.24
D6940	STRESS BREAKER	charge
D6950	PRECISION ATTACHEMENT	charge
D6970	CAST POST & CORE-ADD TO FIX RETAIN	\$ 208.62
D6972	PREFAB POST & CORE W/FIX RETAIN	\$ 123.85
D6973	CORE BUILD UP RETAINER INCLD PINS	\$ 137.05
D6975	COPING METAL	charge
D6976	EA ADD CAST POST-SAME TOOTH	\$ 68.83
D6977	EA ADD PREFAB POST-SAME TOOTH	\$ 30.96
D6980	FIXED PARTIAL DENTURE REPAIR, BR	suspend
D6985	PEDIATRIC PARTIAL DENTURE FIXED	charge
D6999	UNSPEC FIX PROSTHODONTIC PROC BR	suspend
D7111	XTRCT CORONL RMNNTS DECIDUOUS TOOTH	\$ 70.87
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$ 83.01
D7210	REMOV ERPTD TTH W/FLP BON/TTH REMOV	\$152.33
D7220	REMOVAL IMPACTED TOOTH SOFT TISSUE	\$191.01
D7230	REMOVAL IMPCT TOOTH PARTIAL BONY	\$254.14

Code	Description	2009 Allowance
D7240	REMOVAL IMPCT TOOTH COMPLT BONY	\$298.34
D7241	REMOV IMPCT TTH COMPLT W/COMPLIC	\$ 303.22
D7250	SURG REMOV TOOTH ROOTS (CUT PROC)	\$ 123.13
D7260	ORAL ANTRAL FISTULA CLOSURE	\$ 1,023.52
D7261	PRIMARY CLOSURE SINUS PERFORATION	\$ 1,023.52
D7270	TOOTH REIMPL&/STBL ACC DISPLCD	\$ 304.44
D7272	TTH TRANSPL (REIMPLNT, SPLNT, STAB)	suspend
D7280	SURGICAL ACCESS AN UNERUPTED TOOTH	\$ 368.72
D7282	MOBILZ ERUPT/MALPSTN TOOTH AID ERUP	\$ 368.72
D7283	PLCMT DEVC FACL ERUPT IMPACT TOOTH	\$ 368.72
D7285	BIOPSY OF ORAL TISSUE HARD	\$ 72.80
D7286	BIOPSY OF ORAL TISSUE SOFT	\$ 247.76
D7287	EXFOLIATIVE CYTOLOG SAMPLE CLCTION	\$ 141.85
D7288	BRUSH BX TRANSEPTH SAMPLE CLCTION	\$ 141.85
D7290	SURGICAL REPOSITIONING OF TEETH	suspend
D7291	TRNSSEPTL/SUPRA CRESTAL FIBEROT RPT	\$ 89.75
D7292	SURG PLACEMENT:TEMP ANCHORAGE DEVICE (SCREW/PLATE) - SURG FLAP	charge
D7293	SURG PLACEMENT: TEMP ANCHORAGE DEVICE - SURGICAL FLAP	charge
D7294	SURG PLACEMENT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	charge
D7310	ALVEOLOPLSTY W/EXTRACTIONS PER QUAD	\$ 106.74
D7311	ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH	\$ 106.74
D7320	ALVEOPLASTY NOT W/EXTRACTIONS-QUAD	\$ 519.65
D7321	ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH	\$ 492.62
D7340	VESTIBULOPLASTY-RIDGE EXT 2ND EPITH	\$ 260.06
D7350	VESTBULPLSTY-RIDGE EXT SFT TISS GFT	\$ 2,218.06
D7410	EXCISION BENIGN LESION UP TO 1.25 CM	\$ 212.25
D7411	EXCISION OF BENIGN LESION > 1.25 CM	\$ 231.47
D7412	EXCISION BENIGN LESION COMPLICATED	\$ 407.45
D7413	EXCISION MALIG LESION UP 1.25 CM	\$ 407.45
D7414	EXCISION MALIGNANT LESION > 1.25 CM	\$ 520.15
D7415	EXCISION MALIG LESION COMPLICATED	\$ 702.37
D7440	EXCISE MALIG TUMOR/LESION TO 1.25CM	\$ 407.45
D7441	EXC MALIG TUMOR/LES > 1.25CM	\$ 520.15
D7450	REMV BEN ODONTOGNIC TUMR-TO 1.25 CM	\$ 106.10
D7451	REMV BEN ODONTOGNIC TUMR >1.25 CM	\$ 287.26
D7460	REMV BEN NONODONTGN TUMR-TO 1.25 CM	\$ 106.10
D7461	REMV BEN NONODONTOGNIC TUMR >125 CM	\$ 112.70
D7465	DESTRUC LES PHYS/CHEM METH BY RPT	\$ 184.20
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$ 295.95
D7472	REMOVAL OF TORUS PALATINUS	\$ 630.03
D7473	REMOVAL OF TORUS MANDIBULARIS	\$ 630.03
D7485	SURGICAL RDUC OSSEOUS TUBEROSITY	\$ 295.95
D7490	RADICAL RESECTION MAXLA OR MANDIBLE	\$ 1,999.05
D7510	I&D ABSCESS-INTRAORAL SOFT TISS	\$ 573.79
D7511	I & D ABSC INTRAORAL SOFT TISS COMP	\$ 431.37
D7520	I&D ABSC EXTRAORAL SOFT TISS	\$ 255.78

Code	Description	2009 Allowance
D7521	I & D ABSC XTRAORAL SOFT TISS COMP	\$ 431.37
D7530	REMOV FB MUCOS SKN/SUBQ ALVEOL TISS	\$ 236.52
D7540	REMOV REACT-PROD FB MS	\$ 39.87
D7550	PART OSTEC/SEQUEST REMV NON-VITAL BN	\$ 296.47
D7560	MAXIL SINUSOT REMV TOOTH FRAG/FB	\$ 697.37
D7610	MAXILLA-OPEN REDUCTION	\$ 1,173.11
D7620	MAXILLA-CLOSED REDUCTION	\$ 790.61
D7630	MANDIBLE-OPEN REDUCTION	\$ 823.31
D7640	MANDIBLE-CLOSED REDUCTION	\$ 1,172.29
D7650	MALAR&/ZYGO ARCH-OPEN REDUCTION	\$ 790.94
D7660	MALAR&/ZYGO ARCH-CLOSED REDUCTION	\$ 117.88
D7670	ALVEOL-CLOSED RDUC MAY W/STBL TEETH	\$ 689.56
D7671	ALVEOL-OPEN RDUC MAY W/STBL TEETH	\$ 987.17
D7680	FACIAL BON REDUC W/FIX & MX APPRCH	\$ 1,284.78
D7710	MAXILLA OPEN REDUCTION	\$ 1,010.45
D7720	MAXILLA CLOSED REDUCTION	\$ 1,025.76
D7730	MANDIBLE OPEN REDUCTION	\$ 1,182.40
D7740	MANDIBLE CLOSED REDUCTION	\$ 1,172.29
D7750	MALR&/ZYGOMATIC ARCH-OPEN RDUC	\$ 718.56
D7760	MALAR&/ZYGO ARCH CLOSED REDUCTION	\$ 771.79
D7770	ALVEOL - OPEN RDUC STBL TEETH	suspend
D7771	ALVEOL CLOS RDUC STBL TEETH	\$ 689.56
D7780	FCE BNS-COMP RDUC FIX & MX APPRCHES	\$ 1,284.78
D7810	OPEN REDUCTION OF DISLOCATION	\$ 1,388.27
D7820	CLOSED REDUCTION OF DISLOCATION	\$ 131.84
D7830	MANIPULATION UNDER ANESTHESIA	suspend
D7840	CONDYLECTOMY	\$ 1,367.93
D7850	SURGICAL DISCECTOMY WWO IMPLANT	\$ 1,188.18
D7852	DISC REPAIR	suspend
D7854	SYNOVECTOMY	suspend
D7856	MYOTOMY	suspend
D7858	JOINT RECONSTRUCTION	suspend
D7860	ARTHROTOMY	suspend
D7865	ARTHROPLASTY	\$ 1,693.11
D7870	ARTHROCENTESIS	\$ 52.02
D7871	NON-ARTHSCPIC LYSIS & LAVAGE	suspend
D7872	ARTHROSCOPY DIAGNOSIS WWO BIOPSY	\$ 961.21
D7873	ARTHROSCOPY-SURG:LAVAGE&LYSIS ADHES	\$ 1,020.07
D7874	ARTHROSCOPY-SURG: DISC REPSTN&STBL	\$ 985.74
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	\$ 985.74
D7876	ARTHROSCOPY SURGICAL: DISCECTOMY	\$ 985.74
D7877	ARTHROSCOPY SURGICAL: DEBRIDEMENT	suspend
D7880	OCCLUSAL ORTHOTIC APPLIANCE	suspend
D7899	UNSPECIFIED TMD THERAPY BY REPORT	suspend
D7910	SUTURE RECENT SMALL WOUNDS UP 5 CM	\$ 78.84
D7911	COMPLICATED SUTURE UP TO 5CM	\$ 322.48

Code	Description	2009 Allowance
D7912	COMPLICATED SUTURE > 5 CM	\$ 806.25
D7920	SKIN GRAFT	\$ 1,127.00
D7940	OSTEOPLAS ORTHOGNTHC DEFORM	\$ 4,002.70
D7941	OSTEOTOMY - MANDIBULAR RAMI	suspend
D7943	OSTEOTOMY-MAND RAMI W/BONE GFT	\$ 2,149.20
D7944	OSTEOTOM SEGMT SUBAP/ SEXTANT/QUAD	suspend
D7945	OSTEOTOMY-BODY OF MANDIBLE	suspend
D7946	LEFORT I MAXILLA TOTAL	\$ 2,511.13
D7947	LEFORT I MAXILLA SEGMENTED	\$ 2,348.12
D7948	LEFORT II/LEFORT III - W/O BONE GFT	\$ 2,511.01
D7949	LEFORT II/LEFORT III - W/BONE GRAFT	\$ 2,850.69
D7950	OSS, O'PERIOSTEAL, CART GRFT, BR	\$ 1,877.02
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	\$ 1,877.02
D7953	BONE REPLCMT GRAFT RIDGE PRES -SITE	\$ 1,877.02
D7955	REPR MAXLOFACL SOFT&/HARD TISS DFCT	suspend
D7960	FRENULECTOMY SEPARATE PROCEDURE	\$ 426.66
D7963	FRENULOPLASTY	\$ 486.10
D7970	EXC HYPERPLASTIC TISSUE-PER ARCH	\$ 326.12
D7971	EXCISION OF PERICORONAL GINGIVA	\$ 82.98
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	\$ 326.12
D7980	SIALOLITHOTOMY	\$ 335.45
D7981	EXCISION SALIVARY GLAND BY REPORT	\$ 592.97
D7982	SIALODOCHOPLASTY	\$ 555.65
D7983	CLOSURE OF SALIVARY FISTULA	\$ 698.55
D7990	EMERGENCY TRACHEOTOMY	\$ 354.87
D7991	CORONOIDECTOMY	\$ 874.09
D7995	SYNTH GFT-MAND/FACE BONES BY RPT	suspend
D7996	IMPLNT-MANDIB-AUGMENTATION BR	suspend
D7997	APPLIANCE REMV INCL REMV ARCHBAR	suspend
D7998	INTRAORAL PLACEMENT OF FIXATION DEVICE NOT IN CONJ WITH FRACTURE	charge
D7999	UNS ORAL SURG PROC BY REPORT	suspend
D8010	LIMIT O'DONTIC TX PRIM DENTITION	charge
D8020	LIMIT O'DONTIC TX TRANSITIONAL DENT	charge
D8030	LIMIT O'DONTIC TX ADOLESCENT DENT	charge
D8040	LIMIT O'DONTIC TX ADULT DENTITION	charge
D8050	INTERCEPTIVE O'DONTIC TX PRIM DENT	charge
D8060	INTERCEPTIVE O'DONTIC TX TRANSIT	charge
D8070	COMP O'DONTIC TX TRANSITIONAL DENT	charge
D8080	COMP O'DONTIC TX ADOLESCENT DENT	charge
D8090	COMP O'DONTIC TX ADULT DENTITION	charge
D8210	REMOVABLE APPLIANCE THERAPY	charge
D8220	FIXED APPLIANCE THERAPY	charge
D8660	PRE-ORTHODONTIC TREATMENT VISIT	charge
D8670	PERIODIC O'DONTIC TREATMENT VISIT	charge
D8680	ORTHODONTIC RETENTION	charge
D8690	ORTHODONTIC TREATMENT	charge

Code	Description	2009 Allowance
D8691	REPR ORTHODONTIC APPLIANCE	charge
D8692	REPLAC LOST/BROKEN RETAINER	charge
D8693	REBONDING/RECEMENT; AND/OR REPAIR, AS REQUIRED, FIXED RETAINER	charge
D8999	UNS ORTHODONTIC PROCEDURE BY REPORT	charge
D9110	PALL (ER) TX DENTAL PAIN MINOR	\$ 63.32
D9120	FIXED PARTIAL DENTURE SECTIONING	\$ 76.50
D9210	LOCAL ANES NOT W/OR SURG PROC	suspend
D9211	REGIONAL BLOCK ANESTHESIA	suspend
D9212	TRIGEMINAL DIVISION BLOCK ANES	\$ 167.13
D9215	LOCAL ANESTHESIA	charge
D9220	DP SEDATION/GEN ANES-1ST 30 MIN	\$ 194.07
D9221	DP SEDAT/GEN ANES-EA ADD 15 MIN	\$ 90.36
D9230	ANALGES-ANXIOLYSIS-INHAL NITROUS	\$ 37.31
D9241	IV CONSC SEDAT/ANALG -1ST 30 MIN	\$ 194.07
D9242	IV CONSC SEDAT/ANALG-EA ADD 15 MIN	\$ 90.36
D9248	NON-IV CONSCIOUS SEDATION	charge
D9310	CONSULTATION	\$ 55.96
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$ 65.49
D9420	HOSPITAL CALL	\$ 181.35
D9430	OV OBS - NO OTH SERVICES PERFORMED	\$ 31.70
D9440	OV-AFTER REGULARLY SCHEDULED HOURS	\$ 65.49
D9450	CASE PRSATION DTL&EXT TX PLANNING	charge
D9610	THERAPEUTIC DRUG INJECTION BY RPT	suspend
D9612	THERAPEUTIC PARENTERAL DRUGS, 2/MORE ADMIN, DIFFERENT MEDS	suspend
D9630	OTH DRUGS / MEDS BR	charge
D9910	APPLIC DESENZT MED	charge
D9911	APPLIC DESENSITIZING RESIN/TOOTH	charge
D9920	BEHAVIOR MANAGEMENT BY REPORT	charge
D9930	TX COMPLIC (POST SURG) UNUSUAL BR	suspend
D9940	OCCLUSAL GUARD, BY REPORT	charge
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	charge
D9942	REPAIR &/ RELINE OF OCCLUSAL GUARD	charge
D9950	OCCLUSION ANALYSIS MOUNTED CASE	suspend
D9951	OCCLUSAL ADJUSTMENT LIMITED	charge
D9952	OCCLUSAL ADJUSTMENT COMPLETE	charge
D9970	ENAMEL MICROABRASION	charge
D9971	ODONTOPLSTY 1-2 TEETH REMOV PROJEC	charge
D9972	EXT BLEACHING/ARCH	charge
D9973	EXT BLEACHING/TOOTH	charge
D9974	INT BLEACHING/TOOTH	charge
D9999	UNSPEC ADJUNC PROC BR	charge
S8301	INFECTION CONTROL SUPPLIES	charge